

SEE INSTRUCTIONS ON REVERSE SIDE

TELEPHONE NO.: _____

BUDGET CODE
(100-103)

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4 Digits

PROJECT NO.
(104-108)

7	3	6	0	1
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5 Digits

MONTH
(109-110)

SERVICE MONTH

0	1
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2 Digits

YEAR
(111-112)
07
2 Digits

(113)
K

(114)

1

DISTRICT
(115-116)

5	1
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2 Digits

BORO
(117)
F
1 Letter

SCHOOL
(118-120)

4	1	0
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3 Digits

1	2	3	4	5	6	7	8	9	10	11	12	13	14		
PER DIEM'S FILE NO. 8 Digits (1-8)	PER DIEM'S NAME (7) (8) (9-23) FI MI LAST	PER DIEM'S SOC. SEC. NO. 9 Digits (24-32)	STAT US (33)	AR- REARS (34)	SK LV (35)	NO OF P/T DAYS 2 Digits (36-37)	POS SYM 2 Char (38-39)	(40-42) D	(43) H	(44-45) M	BUDGET LINE NO. 4 Digits (46-49)	ABSENTEE'S FILE NO. 6 Digits (50-55)	ABSENTEE'S NAME OR ABSENCE/VACANCY SYMBOL (56) (57) (58-64) FI MI 1st 7 CHARS OF LAST	ABSENCE CODES (65-67)	CODED DATES OF SERVICE OR SICK LEAVE (circle each date separately) (68-99)
G	Peterson	069 43 7560 0					TR	00	0	00		693475	V Mclemb		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
✓	Lopez	069 43 7560 0					TR	00	0	00		73123	Z York		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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															01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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SUB-TOTAL ENTRIES 02
2 Digits

SUB-TOTAL SERVICE

0	0	2
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0	0	0
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I HEREBY CERTIFY THAT THE NAMES OF TEACHERS, ET AL., THEIR FILE NUMBERS, SOCIAL SECURITY NUMBERS AND ASSIGNMENTS, LISTED ARE CORRECT; and that the persons named above were duly licensed in accordance with the by-laws of the Board of Education, and that such services were rendered in accordance with the by-laws and regulations of the Board of Education of the City of New York.

I CERTIFY FURTHER THAT THE SAID SERVICE IN EACH CASE REPRESENTS THE AGGREGATE OF THE DAILY TIME RECORDED DURING THE INDICATED PAYROLL PERIOD EITHER ON TIME CARDS OR IN A TIME BOOK; and that such time cards or time book have been regularly inspected by me and are available for audit; and that the people listed performed actual personal service in this school or program.

Signature: _____
Principal or Supervisor-in-Charge _____ Date _____

Prepared by ROY FISCHER

Payroll Examiner _____

Keypunch Operator _____

Key Verifier _____

SERVICE REPORT GRAND TOTALS											
ENTRIES (9-11)			DAYS (12-15)			HRS. (16-18)			MIN. (19-21)		
3 Digits			4 Digits			3 Digits			3 Digits		

APPROVED BY: _____
Community Superintendent or Executive Director